

POSITION	ID NO.	DATE
CLASSIFIER		85 1-3-96
EXAMINER	300	1-17-96
TYPIST	300	1-18-96
VERIFIER		
CORPS.CORR.		
*SPEC. HAND		
FILE MAINT.		
DRAFTING		

85
1/18/96

INDEX OF CLAIMS

Claim	Date
1	6-10-91
2	1-17-96
3	1-18-96
4	1-18-96
5	1-18-96
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SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

BEST AVAILABLE COPY

Claim	Date
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